



The Kidney Corner: How much sodium do you need?

By Dr. Mark Saddler
Durango Nephrology Associates

Sodium is an element found in great quantity in the earth, especially in the oceans — mainly as sodium chloride, or common salt.

Salt has been used for millennia to preserve food (for example, by salting meat and in pickles). It was such a prized commodity in Roman times that soldiers were paid in salt — hence the word “salary.” It is needed for blood pressure balance, nerve transmission, heart activity, and many metabolic functions.

Although animals need sodium, plants do not, and plant foods are consistently low in sodium, so herbivores actively seek salt (for example, in salt licks).

Excessive salt intake in humans results in retention of water and expansion of body fluids. Normally, the kidneys have the ability to remove this extra volume, but if there is any illness interfering with this abil-



ity, the result may be high blood pressure or swelling (edema), which was discussed in the last issue of the Kidney Corner.

Long-term excessive intake of salt is an important cause of high blood pressure. In patients who already suffer from hypertension, it severely interferes with the ability of medications to control blood pressure.

High salt intake also results in extra calcium loss in the urine and decreased bone density, resulting in increased long-term

risk of fractures. Swelling, or edema, can result from high salt intake in patients with congestive heart failure, kidney disease or liver disease. While salt restriction is a good idea for all of us, patients with these conditions should be especially careful. Diuretic medications, which are frequently used in these conditions, work poorly if salt intake is not restricted.

Humans require about 1/2 a gram of sodium per day, but most diets are much higher. Less than 2 grams of sodium per day is still considered “low sodium.”

It’s difficult to effectively restrict sodium, because almost all processed foods or restaurant foods are high in salt. To succeed in sodium restriction, it is important either to prepare your own food from fresh ingredients or to read the nutrition labels on the food.

A good general rule is that unless food is labeled “low sodium,” it’s too high for people on a sodium-restricted diet. Soups, processed meats, salad dressings, crackers, pickles and snack foods are often very high in sodium.

The good news is that many major food manufacturers do now make low sodium products if you look for them.

Occasionally, kidney doctors are called to see patients with low sodium levels. This condition, called “hyponatremia,” can either be caused by a loss of sodium (for example, due to diarrhea or diuretic therapy) or by an excess of water that cannot be excreted due to an abnormality of a hormone called “antidiuretic hormone.”

This can occur as a result of cancer, lung disease or brain disease, and usually the mainstay of treatment is water restriction. It can be very dangerous due to swelling of brain cells.

Tens of thousands eligible for medical disability review

By Patricia Kime
Army Times

The Pentagon plans to notify more than 77,000 former service members that they are eligible for a review of their medical disability ratings.

Starting in January, the Veterans Benefit Administration and Defense Department’s Physical Disability Board of Review will send letters to veterans discharged between Sept. 11, 2001, and Dec. 31, 2009, urging them to apply for a review. Eligible are veterans who received disability ratings of 20 percent or lower from their military medical boards.

The PDBR, created in 2008 by Congress to address what were seen as inconsistencies in disability ratings granted by the various services, can determine whether veterans initially received fair ratings or are eligible for an increase.

At the 30 percent threshold, the veterans qualify for medical retirement, which carries lifetime

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retired pay, medical care and other benefits.

In August, Sen. Mark Udall, D-Colo., wrote Veterans Affairs Secretary Eric Shinseki urging him to open the VA’s database to the PDBR to help board members contact eligible vets. Many are unaware of the opportunity; since January 2009, the PDBR has received applications from about 3,000 veter-

ans, less than 4 percent of those eligible.

The VBA and the PDBR will send out the letters in batches, starting with 16,000 of the earliest eligible service members — those discharged between 2001 and 2003, PDBR spokeswoman Ann Shippy said.

“This is so we can see what the application rate will be and get them boarded in a timely manner,” she said.

All qualified veterans should receive a letter by Oct. 1, she said.

The PDBR process is slow. Applications take an average of 430 days to process — but it has resulted in ratings upgrades for nearly 50 percent of those who have applied, Shippy said.

Udall praised the teamwork between the VA and the Department of Defense on the notifications.

“The program is being underutilized,” he said. “I hope to see many more veterans apply to the PDBR and get the benefits they should have earned to begin with.”

Chew on this

By Wendy Rice
Shining Mountain Diabetes Program

Diabetes is part of the lives of several people in our community.

The three cornerstones that we use for care are diet, physical activity and medication if needed (i.e., insulin or oral glucose-lowering agents). Food raises blood glucose and blood fat levels. Activity and medications lower blood glucose and blood fat levels.

Each of these cornerstones is very individualized, and the level is determined by the individual and the team.

Diet is a way of life — not temporary or “special.” Achieving and maintaining a weight that reduces the amount of body fat has long been a primary dietary focus for people with type 2 diabetes.

Physical activity on a regular basis is another cornerstone. Aiming for blood glucose con-

trol, along with normal blood lipid levels and normal blood pressure, is an important goal (these sometimes require medication).

Two key strategies for type 2 diabetes are improving food choices — certain foods eaten at more regular times throughout the day — and decreasing the amount of sweetened beverages one drinks.

Beverages such as power drinks, soda pop, sweetened tea, and even juice, provide a rapid load of sugar that not only stresses the body but creates an unexpected subtle weight gain. Choosing water more often instead of those sweetened drinks and soda makes a significant difference.

So how much liquid do you need? A general guideline is 1/2 ounce per pound of body weight per day. For example: If you weigh 150 pounds, divide that in half. You need approximately 75 ounces, or 2.3 quarts, per day.

This is a great start! Small steps one at a time make a big difference.

Wendy Rice, registered dietitian, is a recent addition to the team at Shining Mountain Diabetes Program in Ignacio. She is available to see Native Americans on Fridays at the Southern Ute Health Center. To schedule an appointment, call Julie Olexa at 970-563-0100 ext. 2349.

Though Rice is new to the Shining Mountain Diabetes Program, she is not new to the area or to helping people to make changes to help improve their health. She has lived in this area since the 1970s and worked at the Jicarilla Clinic and Jicarilla Head Start Program for several years.

During that time she also worked with Native American Head Start programs around the country to help with health requirements.

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